

APPLICATION FOR ENDORSEMENTS *OR* ENDORSEMENT PLAN (SAEP) Agricultural Education

Last Name		First Name		Middle Name		Date	SS # or CACTUS ID #
Home Address				City	State	Zip	Work Phone ()
E-mail Address						Home Phone ()	
I am teaching at _____(School) _____(District)							<input type="checkbox"/> Not Teaching
Check your current Educator License area:				<input type="checkbox"/> Secondary Education		<input type="checkbox"/> Career and Technical	
							<input type="checkbox"/> CTE/APP

Check only one	<input type="checkbox"/> I am requesting the Agricultural Education endorsement indicated. The coursework has been completed and the appropriate documentation is attached. An endorsement evaluation fee of *\$35.00 is enclosed. OR
	<input type="checkbox"/> I am submitting a State Approved Endorsement Plan (SAEP) for the Agricultural Education endorsement indicated. Course requirements will be completed within the timeframe identified in the plan. An endorsement evaluation fee of *\$30.00, paid by mv School District , is enclosed.

Agricultural Education Endorsement(s) For Which You Are Applying:

- ☐ Agricultural Business & Management
- ☐ Agricultural Mechanization
- ☐ Agriculture Science (Career & Technical)
- ☐ Animal Science & Technology
- ☐ Natural Resources Management
- ☐ Ornamental Horticulture
- ☐ Plant/Soil Science and Technology

Employment Record

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

Number of years experience in the occupation related to the endorsement area		Letters from employers verifying work experience, including date, must be submitted with this application.
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Education	If additional space is needed, please attach a separate sheet of paper. An official transcript verifying education and degree must be submitted with the application.
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Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite
	Mo	Yr	Mo	Yr			

Teaching Experience	If additional space is required, please attach a separate sheet of paper.
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Name of School	Address	From		To		Subjects	Principal/Director
		Mo	Yr	Mo	Yr		

Current Endorsements

References (Teaching and/or Employment)
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Name	Address	Position	Phone

Applicant Signature	X	Date	
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Submit completed application and official transcripts or other documentation to: Stephanie Ferris, USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752

\$35.00 endorsement fee or \$30.00 SAEP fee must be included with this application (*see information on front page)

----- **-Information below to be completed by USOE personnel-** -----

Endorsement(s) Recommended		SAEP Approved for _____ years <input type="checkbox"/> SAEP not approved _____ work credits _____ course credits _____ total credits
		CTE Specialist Signature Date
		Endorsement(s) Awarded
		CTE Specialist Signature Date